



Swine Influenza Healthcare Worker Case Report Addendum (version 3)

Please complete the standard Novel Influenza A (H1N1) Virus Case Report in addition to this form.
(FAX to: 510-268-211)

State EPI ID # (epidemiology ID) _____

CDC EPI ID # _____

State lab specimen ID #1 _____

CDC lab specimen ID #1 _____

State lab specimen ID #2 _____

CDC lab specimen ID #2 _____

CDC (lab) unique ID # _____

Name and email of person completing this form: _____

Date form completed: ____ / ____ / ____

Occupational Information

Which title best describes your job at the healthcare facility in which you work?

- Physician, indicate specialty: _____
- Physician assistant
- Nurse practitioner
- Registered nurse
- Licensed practical nurse
- Nursing assistant
- Radiology technician
- Respiratory therapist
- Speech therapist
- Occupational therapist
- Physical therapist
- Ward clerk
- Housekeeping
- Maintenance
- Laboratory worker
- Food services worker
- Student, specify type: _____
- Other, specify _____

Do you regularly perform direct patient care, for example, face to face contact with patients for the purpose of diagnosis, treatment and monitoring? Yes No

Have you been fit-tested for an N-95 respirator (i.e., Tb mask)? Yes No Don't know

a. When were you last fit-tested? <1 year >=1 year

b. Do you know what size you are supposed to be wearing? Yes No Don't know

c. Do you know where to get your size of N95 mask? Yes No

In the seven days prior to becoming ill with swine flu, what type of healthcare facility did you work in? (check all that apply)

- Acute inpatient care facility
- Outpatient clinic, please specify type: _____
- Long term care facility: specify type: _____
- Emergency room
- Long term acute care/assisted living facility
- Hemodialysis Center
- Inpatient psychiatric facility
- Other, please specify _____
- None (e.g., did not work)



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In the 7 days prior to becoming ill with swine flu, on which unit types did you work?
(please indicate number of days worked in each category):

- Inpatient adult critical care (e.g., intensive care unit)
- Neonatal/pediatric critical care
- Inpatient adult ward (non-critical care)
- Inpatient pediatric ward (non-critical care)
- Operating room
- Outpatient clinic
- Emergency department
- Obstetrics or labor and delivery
- Other, specify: _____
- None (e.g., did not work)
- Not applicable

Healthcare Exposures

In the 7 days prior to becoming ill with swine flu, did you enter a patient's room while the patient was present? (if no skip to Medical History Section)

- Yes No

In the 7 days prior to becoming ill with swine flu, did you have physical contact with any patient(s)?

- Yes No

In the 7 days prior to becoming ill with swine flu, did you enter the room of a patient (while the patient was present) with any of the following respiratory illnesses (check **ALL THAT APPLY**):

- Pneumonia
- Upper respiratory tract infection
- Flu-like symptoms
- Don't know

If yes, please indicate how often you used the following personal protective equipment upon entering their room:

- | | | | | |
|---------------------------|--------------------------------|---|---|---------------------------------|
| a. gloves | <input type="checkbox"/> Never | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Always |
| b. gowns | <input type="checkbox"/> Never | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Always |
| c. surgical mask | <input type="checkbox"/> Never | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Always |
| d. N-95 respirator | <input type="checkbox"/> Never | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Always |
| e. face shield or goggles | <input type="checkbox"/> Never | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Always |

In the 7 days prior to becoming ill with swine flu, did you enter the room of any patient with swine flu (while the patient was present)?

- Yes No

If yes, please indicate how often you used the following personal protective equipment upon entering their room:

- | | | | | |
|---------------------------|--------------------------------|---|---|---------------------------------|
| a. gloves | <input type="checkbox"/> Never | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Always |
| b. gowns | <input type="checkbox"/> Never | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Always |
| c. surgical mask | <input type="checkbox"/> Never | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Always |
| d. N-95 respirator | <input type="checkbox"/> Never | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Always |
| e. face shield or goggles | <input type="checkbox"/> Never | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Always |

Medical History

Are you taking any medication that might suppress your immune system (for example, prednisone or cyclosporine)

- Yes No Don't know, Specify medication: _____

Do you have an autoimmune disease Yes No Don't know

Are you a current smoker? Yes No

Outcomes

How many days did you take off from work due to your swine flu illness? _____